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AUTHOR Strauss, Charlotte
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ABSTRACT

This model of an eight-week childhood obesity program for intermediate elementary through junior high school students addresses the social, psychological, and physical penalties often incurred by obese children. The materials detail the program format in terms of: (1) a daily food log; (2) a discussion of proper nutrition; (3) a contract for physical activity; (4) an eating survey to explore feelings and behaviors; (5) related films and books; and (6) a survey and discussion about body image. Parental involvement and encouragement and early intervention are suggested as strategies for helping obese children create new and healthy lives for themselves. (Author/JAC)

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CHILDHOOD OBESITY: A SCHOOL-BASED PROGRAM

Charlotte Strauss

George Mason University
Arlington, VA

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Childhood Obesity: A School Based Program

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Introduction

Feig (1980) estimates that up to 40% of school age children in the United States are overweight. Wolff (1978) states that 80% of overweight children become overweight adults. These alarming statistics show that overweight persons (which have been generally neglected by the counseling field) need to be addressed. Obesity is now being viewed as not only a physical disorder, but an emotional and social problem as well. This is a disease of isolation, whether it be self-inflicted or brought about by societies demands. The counseling profession needs to be aware of the penalities the obese child pays for this handicap.

The three areas to be addressed in this paper are the social, psychological and physical penalties that an obese child might incur.

The social penalties that an obese child faces include social isolation, where nicknames associated with this disorder, (such as "fatty" or "piggy") usually create inferior feelings and withdrawl on the part of the child. The obese child is seldom popular as a friend, and is rarely picked for athletic contests or invited to social events. The heaviest penalties for being overweight occur during adolescence. Wolff (1978) states that for the fat teenager, the growing up years are lonely and bitter.

The psychological penalties vary amongst obese children. They are often bashful and ashamed of their bodies. They have a distorted view of their body image and in many cases internalize this as a lack of intellectual ability. Many obese children are passive, fearful, and are rarely good fighters or assertive. They tend to overeat because food has become a substitute for meaningful communication between themselves and their parents. An obese child usually has a poor self-concept and low self-esteem because of their body size.

The physical penalties might not show up during childhood, however during these formative years adult diseases (i.e. diabetes, high blood

pressure, heart disease, etc.) are being created. The obese child will sometimes avoid any physical activity and exercise that require speed and agility. They are usually sedentary and may form a partnership between the television set and food. Increased flabbiness and loss of muscle tone, due to the lack of exercise are added to the other physical penalties.

The family transactions are often the most important interpretation of the etiology of obesity for the counselor. In some cases family problems promote obesity. Examples include: lack of love, a domineering mother or father and poor family relationships create feelings of insecurity for the child. The misuse of food can often be cited as a promotion for obesity within a family. Food has often been used as an indicator of affluence for families who were once having financial difficulties. It is also used as a reward for doing something to please the parents (such as good grades) or as a consolation when trying to make the child feel better. Food is also used as a diversion to help the child get their mind off an upsetting incident. Many well-meaning mothers offer food as an expression of affection and also appeasing any guilt or anxiety about the child. In many cases the child's obesity becomes a family problem and then the issue of food for the child is used as a pacifier when lonely, angry or bored. The misuse of food unfortunately can create misinformation for the child. However, not all obese children have difficulties. If the family accepts the child's obesity, the child will have a much better self concept and social skills.

The medical and counseling professions are now looking upon childhood obesity as a serious problem. Due to this fact, many Childhood Obesity Programs are being established throughout the country. Two such programs have been created in the Washington, D.C. Metropolitan area. One at Children's Hospital National Medical Center, 111 Michigan Avenue N.W., Washington, D.C. and the other at Group Health Association, 2121 Pennsylvania Ave. N.W., Washington, D.C. Many school counselors

are also forming small group sessions to work with obese children and adolescents.

The Program

The following is a model of an eight week session for a Child Obesity Program that can be instituted in the schools, intermediate elementary through Jr. High School. When establishing a program the first requirement is that the parent(s) must be consulted and a willing participant. Parental involvement is a must at least on the level of food preparation and encouragement at home. Feig (1980) reports that there is a high incidence of obesity in the offspring of obese parents: 40% if only one parent is obese and 80% in the offspring of two obese parents. In many cases a reeducation of proper nutrition is needed by a dietitian or nutritionist. Parental involvement can also be incorporated by using behavior modification techniques when dealing with this disorder. The first step would be to identify both appropriate and inappropriate behavior patterns and the conditions associated with them. A written record of feeding behavior and activity patterns is an excellent tool for assessment. When identifying maladaptive eating behaviors, it should be noted that what is maladaptive for one obese child may not be the same for others. This should be an individualized program. The parent's willingness and positive outlook can be instrumental in the success of their child's progress. A pre-group session should be established with the parents, explaining to them the agenda for each session and how they can assist at home.

All eight sessions will begin with the counselor weighing each student. This should be done privately, and recorded on an individual chart that the student keeps. Most obese children are embarrassed by their weight and the less attention given to this aspect of the program the better for the child's self-concept. The major emphasis is not put on the number of pounds lost in the eight week session, but the connection between eating behaviors and mood swings, physical activity and

positive self-concept are the goals of the program.

SESSION 1 - distribute and explain the food log which will be kept on a daily basis by the student. An example of a food log:

What I Ate Today.....

Time	What I Ate	Where I Ate	With Whom	What Else Was I Doing	I Felt (Mood)
				talking listening to music reading watching T.V. cooking studying nothing-only eating other	

Taken from: Nutrition Educator, Inc. "On The Beam...", St. Paul, Mn., 1978.

After the group is established a telephone list consisting of the phone numbers of each participant should be distributed and used during the week if the child is having a problem and needs someone to talk with. This is an excellent tool for establishing a support system beyond the weekly group meetings. Talking with a peer who shares the problem of obesity will be helpful to get through difficult times.

SESSION 2 - explore the positive and negative events during the week related to eating behaviors. This would be a good opportunity to invite the school nurse or dietitian to speak to the group on the four basic food groups and the importance of proper diet for the appropriate age level. On the food log, shown above, the amount of food consumed and the calories should be recorded. The average number of calories for

boys ages 11-14 is 2,700 a day and for girls ages 11-14, 2,200 calories a day. Discussion of the food logs on an individual or group level is suggested at each session. Identify possible difficulties especially noting the mood that accompanied the specific eating behavior.

SESSION 3 - emphasize the importance of physical activity. Invite the physical education instructor to discuss the importance of exercise and to give a demonstration of a simple exercise program. A contract for some physical activity during the week should be established between the student, counselor and/or physical education instructor. An example of a contract: What I Did Today.....

Date	Activity	Time Began	Time Ended	Number of Minutes
July 7,'81	Bicycle riding	3:00	3:20	20 Min.

Taken from: Nutrition Educator, Inc. "On The Beam..." St. Paul, Mn., 1978.

The child will choose his/her favorite sport or exercise and will fulfill the agreement by recording the program on their contract. Examples of fun activities which can be done alone or in a group are: bicycle riding, basketball, aerobic or disco dancing, four minute exercise program and walking at a swift pace. Encourage a gradual increase of repetitions, time or pace as warranted. The exercise program does not have to be strenuous. However it is an important aspect of the program because it will burn up calories and is an excellent tool for changing sedentary behavior patterns.

SESSION 4 - explore behaviors connected with eating by using an Eating Survey for group discussion. The questions on the survey may include:

*Do you like to eat alone or with others?

*Do you usually eat 3 meals a day?

*Do you snack between meals, if so: Time of day:
Food:

*Have you ever eaten when you're not hungry?

*What food smells the best to you?

*What food looks the best to you?

*What food do you find the hardest to resist?

*Do you eat when you are....lonely bored
angry happy
tired nervous
excited frustrated

Taken from: Nutrition Educators, Inc. "On The Beam..." St. Paul, Mn., 1978.

The answers to many of these questions can be very revealing to the counselor and client because the information can give significant insight on how to change the maladaptive eating behaviors (i.e. if the child over-eats when eating alone, a plan can be suggested to avoid this eating pattern).

SESSION 5 - review the Four Basic Food groups and proper nutrition by using the film The Mulligan Stew Series, Great Plains NITV Library. These films are appropriate for intermediate to Jr. High School age levels. The characters are appealing and reinforce the importance of good nutrition. The film is approximately 30 minutes in length.

Film Titles: "Count Down"
"The Flim Flam Man"
"The Great Nutrition Turn On"
"The Racer That Lost His Edge"

SESSION 6 - explore the feelings that accompany obesity by the use of books. Several books on the market that address obesity are suggested below. They provide an excellent impetus for a group discussion because some children are able to identify with the characters and content of the story. It allows them to see and hear that others share their common problem and how they deal with it.

Ages 8 - 12 100 Hamburgers: The Getting Thin Book, Solot, Mary Lynn, Lothrop, Lee and Shepard Co., New York, 1972.

Mom, How Com I'm Not Thin?, Bluestein Bill and Enid, Compcare Publications, Minneapolis, Mn., 1981.

Ages 13 - 17 The Womans Doctor's Diet for Teen-Age Girls, Edelstein, Barbara, Ballentine Books, New York, 1980.

For Teenagers Only-Change Your Habits to Change Your Shape, Ikeda, Joanne, Bull Publishing Co., Palo Alto, Calif. 1978.

SESSION 7-helps in dealing with the issue of body image. Most obese children are self-conscious about their bodies, especially adolescents. Two types of Body Image Surveys taken from "On The Beam..." can be helpful to the student and counselor. They include"

A. My Body Image

How satisfied are you with the way your body looks? Rank each item.

- Lookin Good!

- Poor!

- Don't really care

Height	-	Teeth	-
Weight	-	Complexion	-
Hair	-	Chest	-
Eyes	-	Waist	-
Nose	-	Hips	-
Mouth	-	Legs	-

B. Taking A Good Look At Me!

1) What I Like Best About Me.

2) What I Can And Want To Change.

3) What I Must Accept.

SESSION 8 - review and reinforce the previous sessions. Review of good nutrition as well as what new awareness the participants received from the program will be assessed by an evaluation

Follow-up

A monthly weigh- in session should be instituted to monitor the students weight progress, and physical activity contracts. Keeping a

daily food log should be continued as this provides the individual with a healthy food plan for each day. A six month group follow-up session should also be included in the program. A survey/questionnaire to be completed by each participant would also be an excellent tool for an assessment of the program.

Conclusion

The suggestions provided in this paper can only become a reality when the child wants to make the change, along with helpful parents, a strong group support system and an empathic counselor. The stigma of being obese as a child or adolescent can be a traumatic experience for some children. The feelings of being different, ostracized from a group, or not being able to physically participate in an activity can also be devastating and thus creates a poor self-image for the child. Recognizing that childhood obesity has many implications for maladjustments in later life, early prevention and intervention can help many obese children and adolescents create a new and healthy life for themselves.

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